FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		711011			
		(See instruction	ns)			Office use only
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example: I over the lin	f typying, type es	12FE4M5	
FAA Manage	rs Association Inc	c. PAC				
	<u> </u>			1 1 1 1 1		
ADDRESS (number an	d street)	16th Street NW				
(Check if add		e _. 530				
is changed)		shington		لبيب	DC	20006
COMMITTEE'S E-M.	AU ADDRESS		CITY▲		STATE▲	ZIP CODE 📥
	normandygrp.com) 				
COMMITTEE'S WEE	B PAGE ADDRESS (I	IRI \		 		
COMMITTEES WE	3 FAGE ADDRESS (C	JnL)				
COMMITTEE'S FAX	NUMBER					
با لبنا	بينا لي					
2. DATE 0	M / D D / 1	2007				
3. FEC IDENTIFIC	ATION NUMBER		C C003660)70		
4. IS THIS STATE	MENT NEV	W (N) OR	X ,	AMENDED (A)		
I certify that I have exar	mined this Statement an	d to the best of my kno	owledge and belie	of it is true, correct a	and complete	
		Mr. Louis H Dup	ort			
Type or Print Name of	f Treasurer	wir. Louis n Dup	arı			
Signature of Treasure	er Electronically File	ed by Mr. Louis	H Dupart		Date 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of		mplete information ma			·	alties of 2 U.S.C. S437g.
Office Use Only			Feder Toll F	urther information ral Election Commi ree 800-424-9530 202-694-1100	ssion	FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF CO	MMITTEE (Check One)	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
	Name of Candidate		
	Candidate Party Affiliation	Office Sought: House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	(d) X (e) X	This committee is a (National, State (or subordinate) committee of the This committee is a separate segregated fund	(Democratic, Republican,etc.) Party.
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee.	ed fund or party
6.	Name of Any	Connected Organization or Affiliated Committee	
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	Mailing Addres	ss Liliania in the same of the	
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		CITY STATE A	ZIP CODE 🛦
	Relationship Type of Conne	ected Organization:	
		oration Corporation w/o Capital Stock Labor Organ	nization
		bership Organization Trade Association Cooperative	

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Write or Type Committee Name			
FAA Managers Association	on Inc. PAC		
 Custodian of Records: Identi possession of Committee bo 	ify by name, address, (phone nun ooks and records.	nber optional), and position of	the person in
Full Name Mr. Louis	H Dupart		
Mailing Address	888 16th Street NW		
_	Suite 530		
_	Washington	DC	20006
Title or Position ♥	CITY A	STATE ▲	ZIP CODE A
		Telephone number	
name and address of any de	d address (phone number optic esignated agent (e.g., assistant tre	onal) of the treasurer of the comn easurer).	nittee; and the
Full Name of Treasurer Mr. Louis	H Dupart		
Mailing Address	888 16th Street NW		
_	Suite 530		
_	Washington		20006
Title or Position ♥	CITY A	STATE.▲	ZIP CODE A
Treasurer		Telephone number	223 8952
Full Name of Designated Agent			
Mailing Address			
_			
Title or Position ♥	CITY A	STATE A	ZIP CODE A
		Telephone number	

	FEC Form	1 (Re	vise	ed	02	/20	003	()																											Pa	ge	4	
 Banks or Other Depositories: List all banks or other depositories in which the safety deposit boxes or maintains funds. Name of Bank, Depository, etc. 									e cc	omr	nitte	ee o	dep	osi	ts fu	und	s, ł	ıold	ls a	CC	our	nts,	rer	nts															
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